

## CIVIL ACTION COVER SHEET

DOCKET NUMBER

Trial Court of Massachusetts  
The Superior Court

PLAINTIFF(S):

Rosemary Tibbels

ADDRESS:

228 Crowl Road, Chatham, MA 02633

COUNTY:

Barnstable

DEFENDANT(S):

Town of Harwich

ATTORNEY:

Linda M. Stone, Esq.

ADDRESS:

450 South Street, Hyannis, MA 02601

ADDRESS:

732 Main Street, Harwich, MA 02646

BRO:

CODE NO.

AB1

TYPE OF ACTION AND TRACK DESIGNATION (see reverse side)

TYPE OF ACTION (specify)

Tortious Act Involving Commonwealth

TRACK

A

HAS A JURY CLAIM BEEN MADE?

☒ YES☐ NO

If "Other" please describe:

Is there a claim under G.L. c. 93A?

☐ YES☒ NO

Is this a class action under Mass. R. Civ. P. 23?

☐ YES☒ NO

## STATEMENT OF DAMAGES PURSUANT TO G.L. c. 212, § 3A

The following is a full, itemized and detailed statement of the facts on which the undersigned plaintiff or plaintiff's counsel relies to determine money damages. For this form, disregard double or treble damage claims; indicate single damages only.

## TORT CLAIMS

(attach additional sheets as necessary)

## A. Documented medical expenses to date

1. Total hospital expenses	\$9,441.02
2. Total doctor expenses	\$500.78
3. Total chiropractic expenses	\$0.00
4. Total physical therapy expenses	\$0.00
5. Total other expenses (describe below)	\$299.76

Subtotal (A): \$10,641.56

## Ambulance

## B. Documented lost wages and compensation to date

\$0.00

## C. Documented property damages to date

\$0.00

## D. Reasonably anticipated future medical and hospital expenses

\$0.00

## E. Reasonably anticipated lost wages

\$0.00

## F. Other documented items of damages (describe below)

\$0.00

## G. Briefly describe plaintiff's injury, including the nature and extent of injury:

Loss of consciousness, right shoulder dislocation, complete tear of the right rotator cuff.

TOTAL (A-F): \$10,641.56

## CONTRACT CLAIMS

(attach additional sheets as necessary)

☐ This action includes a claim involving collection of a debt incurred pursuant to a revolving credit agreement, Mass. R. Civ. P. 81(a).

Provide a detailed description of claim(s)

TOTAL: \$

Signature of Attorney/ Unrepresented Plaintiff: X

Date: Mar 6, 2019

RELATED ACTIONS: Please provide the case number, case name, and county of any related actions pending in the Superior Court.

## CERTIFICATION PURSUANT TO SJC RULE 1:18

I hereby certify that I have complied with requirements of Rule 5 of the Supreme Judicial Court Uniform Rules on Dispute Resolution (SJC Rule 1:18) requiring that I provide my clients with information about court-connected dispute resolution services and discuss with them the advantages and disadvantages of the various methods of dispute resolution.

Signature of Attorney



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Date

Mar 6, 2019